



# HEPATITIS C IN CANADA: PRIMARY CARE PHYSICIANS ARE THE 1<sup>ST</sup> POINT OF SCREENING

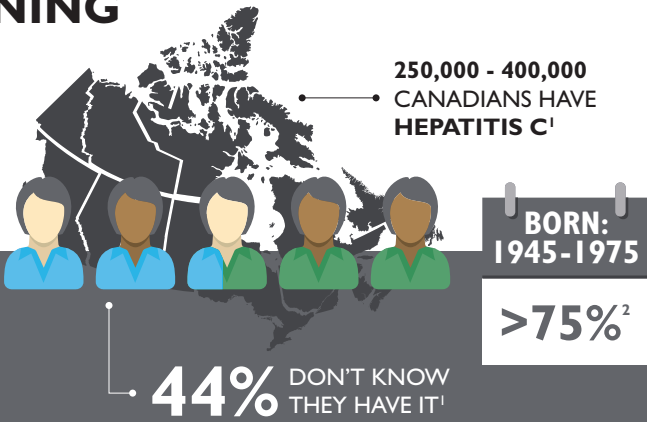
## WHY SCREEN FOR HEPATITIS C?



Hepatitis C is a liver disease which can progress to cirrhosis, liver cancer and ultimately death from liver failure.

New effective treatments are available!

Screen for early detection and intervention.



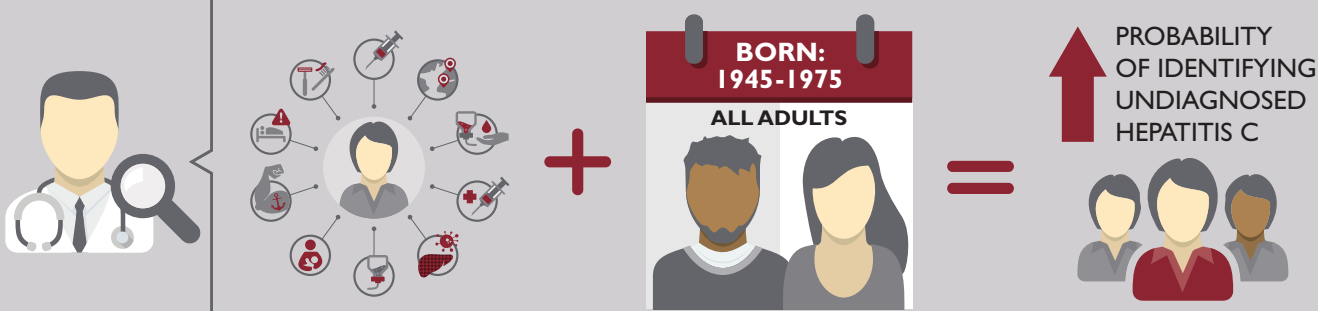
## RECOGNIZE • Who to screen

### RISK-BASED SCREENING **ALONE** IS INEFFECTIVE

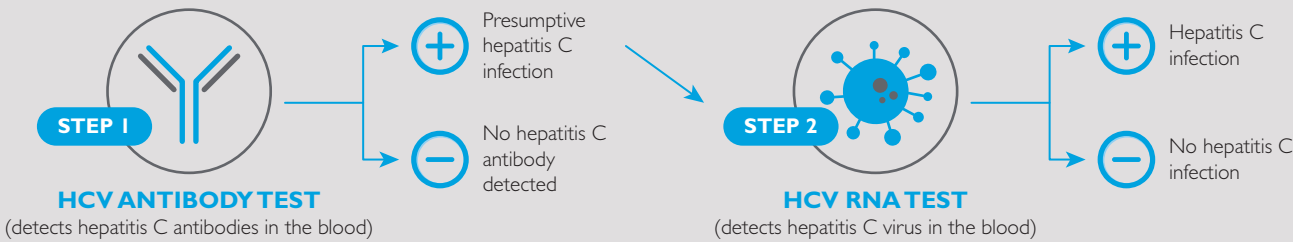


- RISK-BASED SCREENING:**
- A) Illicit injection or intranasal drug use or shared drug paraphernalia (past or present)
  - B) Born or resident in a region where hepatitis C is more common (i.e.: Central, East and South Asia; Australasia and Oceania; Eastern Europe; Sub-Saharan Africa; and North Africa/Middle East)
  - C) Blood, blood products or an organ transplant before July 1990 in Canada
  - D) Needle stick involving hepatitis C positive blood
  - E) Signs of liver disease (i.e.: abnormal liver enzyme tests) or other infectious diseases (i.e.: hepatitis B, HIV, etc.)
  - F) Kidney/hemodialysis treatment
  - G) Children born to hepatitis C positive mothers
  - H) Tattoos or body piercings
  - I) Risky sexual activity (i.e.: multiple partners, traumatic or rough sex, etc.)
  - J) Shared personal care items with someone who has hepatitis C (i.e.: razors, toothbrush, etc.)

### THE CANADIAN LIVER FOUNDATION RECOMMENDS **ADDING BIRTH-COHORT SCREENING**³

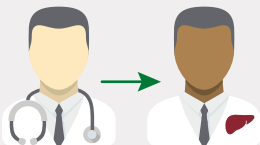


## RESPOND • How to test



## RESOLVE • What to do after testing

### REFERRAL FOR CARE AND TREATMENT



Refer to your preferred specialist or search for a specialist in your area at [www.liver.ca/liverdocs](http://www.liver.ca/liverdocs)

### EVALUATION/MONITORING



Follow-up with additional testing according to test results noted above.

Screen for mental health/substance use disorders, and if present, treat or refer as appropriate. Ongoing mental health or substance use disorders should not exclude patients from being immediately referred for treatment.

